## N. C. DEPT. OF TRANSPORTATION SID INSPECTION FORM

PROJECT:NO.:	TIP	
NO.:	DATE:	
BRIDGE STATION:	PIER LOCATION: BENT NO.:PIER NO.:	
PIER DIA.: INSPECTION NUMBER	BOTTOM OF PIER ELEV.:	
INSPECTION NUMBER	R (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , etc.):	
CLEANING METHOD	R (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , etc.):(Cleanout Bucket, Air Lift, Submersible Pump, etc.):	
CLEANING DATE AN	D TIME: STARTFINISH:	
	OR EACH SID INSPECTION. ATTACH TO THE CORRESPONDING DRILLED PIE FORWARD COPIES OF ALL FORMS TO EITHER MR. K. J. KIM, EASTERN REGIO	
	ER (DIVISIONS 1 THROUGH 7), OR MR. JOHN PILIPCHUK, WESTERN REGIONA	
	ER (DIVISIONS 8 THROUGH 1 <del>4)</del> .	
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BOTTOM CLEANLI	NESS MEETS THE DRILLED PIERS SPECIAL PROVISION IF:	
1) AT LEAST 50% (	OF THE BOTTOM HAS LESS THAN 13 mm (1/2") OF MATERIAL, AN	ND
2) NO AREA OF TH	E BOTTOM HAS MORE THAN 38 mm (1-1/2") OF MATERIAL.	
<b>DOES BOTTOM</b>	CLEANLINESS MEET THIS CRITERIA (Y/N)?	
ADDITIONAL COMM	ENTS/MATERIAL DESCRIPTION:	
ADDITIONAL COMMI	ENTS/MATERIAL DESCRIPTION:	
RESIDENT ENGINEER	INSPECTOR.	
GEOTECHNICAL OPE	::INSPECTOR: RATIONS ENGINEER:	
M & T INSPECTOR:		

DRILLING CONTRACTOR:\_\_\_\_

GENERAL CONTRACTOR: